

No. 2
M-5-43
5-17-39
I X36571

FILED JAN 5 1946

State File No.

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 11326

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5552 Ashland Ave.
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Flora O'Day

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William P. O'Day

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29 1917
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1945 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Dec 20 1945, to Dec 23 1945
that I last saw her or alive on Dec 23 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>28</u>	<u>10</u>	<u>24</u>	hr. _____ min.

Immediate cause of death Lobar Pneumonia (Virus type) Duration 5 days

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Adrian Burlison

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. P. O'Day

(b) Address 5552 Ashland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/45
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) DEC 26 1945 (Date received local registrar) J. J. Bradeck (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature C. H. Lideman (M. D. or other) M.D.

Address 4126 S. Drive Date signed 12/24/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul E. Hoffman

Licensed Embalmer No. 4364

P. O. Address: Harris, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.